

State of California
Division of Workers' Compensation-Medical Unit
QME/AME Report Time Frame Extension Request
(Send to DWC Medical Unit 5 or more days before report is due.)

File this form with the Division of Workers' Compensation-Medical Unit 5 days before your report is due to be served on the parties and send a copy of this form to the employee and claims administrator. The QME may not be entitled to payment for evaluations which are not submitted in a timely manner. (Labor Code § 4062.5.) Review 8 Cal. Code Regs. § 38(h) regarding extension of time for supplemental report. If you need further information, please call us at (510) 286-3700 or 1-800-794-6900.

Legibly Print or Type the information requested in this form

Date of Physical Evaluation: _____

Date the Supplemental Report Requested: _____

Date Report will be served: _____

- ☐ Request for 30 day extension. *Indicate the reason for the request below:*
___ Lab or test results not received. Type of test: _____
___ Report of consulting physician not received. Specialist type: _____
- ☐ Request for 15 day extension. *Indicate the reason for the request below:*
___ Medical emergency of the evaluator or evaluator family member.
___ Death in evaluator's family.
___ Natural disaster/other community catastrophe interrupted office.
- ☐ Request extension for supplemental report. *(Extensions may be granted for a maximum of 30 days)*

Employee's Name _____ Date of Injury _____

Claims Administrator _____ Claim No. _____ Panel No. _____

QME Name _____ CA Lic. No. _____

QME Signature _____ Date _____

Address: _____
Street Address City State Zip

Telephone Number _____ Fax number _____

FOR DWC USE ONLY

() Extension approved () Extension denied and notice mailed to evaluator and parties

Medical Director: _____ Date _____